


FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90076 024 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000194			
1. Entity Name SUNDY ESTATES, L.C.			
Principal Place of Business 255 NE 6TH AVE. DELRAY BEACH, FL 33483		Mailing Address 255 NE 6TH AVE. DELRAY BEACH, FL 33483	
2. Principal Place of Business 1105 N. FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Address 1105 N. FEDERAL HWY Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33435		Country US	
4. FEI Number 65-0823777		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 255 NE 6TH AVE. DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name WINTZER, WILLIAM R. Street Address (P.O. Box Number is Not Acceptable) 1105 N. FEDERAL HWY City BOYNTON BEACH FL Zip Code 33435	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William R. Wintzer</u> WILLIAM R. WINTZER 3/28/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODYEAR, KIMBERLY A 125 LA POSTA RD. TAOS, NM 87571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE <u>Kimberly Goodyear</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 3/28/06 Daytime Phone # (505) 758-5090	